



July 31, 2014

Marlene H. Dortch, Secretary  
Federal Communication Commission  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

RE: WT Docket No. 10-208  
In the Matter of the Universal Service Reform Mobility Fund

GCI files this letter to provide certification to the accuracy of the 218 SAC entries that were submitted to the USAC. All of the required information has been submitted to the USAC website.

Mobility Fund 1 awards for Alaska were based on census blocks rather than census tracts. The Mobility Fund 1 awards for GCI were quite voluminous, comprising a third of the total award items but only 1% of the total funds. The electronic filing process proved unworkable, with the time for the certifying officer (GCI's Chief Accounting Officer) alone estimated at over 10 hours (approximately 3 minutes per submission for 218 submissions). GCI did spend over 40 man-hours in data entry to the USAC site alone, after collecting the information, but could not certify electronically on the website.

GCI had little new information to report, as it received final approval of its long form application on December 23, 2013. Thus, the reporting period for GCI for this annual report is only eight days, December 23 through December 31, 2013.

GCI had no newly covered 3G areas to report for 2013, and thus no shapefiles or drive test data to submit.

The Urban Rate Comparability certification has been signed by the Certifying Officer and is attached to this filing.

GCI submitted its Tribal Lands engagement data on Form 481 for SAC 619014, which covers all 218 of these MF1 study area codes.

Sincerely,

A handwritten signature in blue ink, appearing to read "F.W. Hitz, III", with a stylized flourish at the end.

F.W. Hitz, III  
VP, Regulatory Economics and Finance

cc: Karen Majcher, Vice President  
High Cost and Low Income Division  
Universal Service Administrative Co.

John Nakahata

(070) Urban Rate Comparability Certification

The Reporting Carrier offers service in supported areas at rates that are within a reasonable range of rates for similar service plans offered by mobile wireless providers in urban areas.

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION ON ITS OWN BEHALF:

Certification of Officer as to Compliance with 47 CFR §54.1009(a)(4)			
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form is accurate.			
Name of Reporting Carrier <b>GCI Communication Corp</b>			
Signature of authorized officer <i>Lynda Tarbath</i>			Date <b>07/31/2014</b>
Printed name of authorized officer <b>Lynda Tarbath</b>			
Title or position of authorized officer <b>VP &amp; Chief Accounting Officer</b>			
Telephone number of authorized officer: <b>( 907 ) 868- 5638</b>			
Study Area Code of Reporting Carrier	<b>618001 through 618218</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

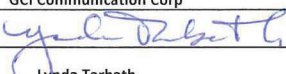
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the compliance with 47 CFR §54.1009(a)(4) as reported to the authorized agent; and, to the best of my knowledge, the certification provided to the authorized agent is accurate.			
Name of Authorized Agent _____			
Name of Reporting Carrier _____			
Signature of authorized officer _____			Date _____
Printed name of authorized officer _____			
Title or position of authorized officer _____			
Telephone number of authorized officer: ( ____ ) ____ - ____ ext. _____			
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier _____			
Name of Authorized Agent _____			
Signature of authorized agent or employee of agent _____			Date _____
Printed name of authorized agent or employee of agent _____			
Title or position of authorized agent or employee of agent _____			
Telephone number of authorized agent: ( ____ ) ____ - ____ ext. _____			
Study Area Code of Reporting Carrier		Filing Due Date for this form (mmddyyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier GCI Communication Corp			
Signature of Authorized Officer 		Date 07/31/2014	
Printed name of Authorized Officer Lynda Tarbath			
Title or position of Authorized Officer VP & Chief Accounting Officer			
Telephone number of Authorized Officer: ( 907 ) 868 - 5638			
Study Area Code of Reporting Carrier 618001 through 618218		Filing Due Date for this form (mm/dd/yyyy) 7/31/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			